The author considers the causes of various symptoms of the disease. The pulsus paradoxus, formerly considered pathognomonic, is seen occasionally when the mediastinum is not affected, as in different forms of pericarditis, large pleural effusions, great cardiac weakness, convalescence from long-standing febrile affections, mitral regurgitation with dilatation, stenosis of the air-passages, or even in health; and mediastino-pericarditis may exist without pulsus paradoxus. The duration of the disease varies from a few months to several years. The cause of death is usually gradual dilatation of the heart, often complicated by pneumonia, pleurisy, or tuberculosis.

The cases of the author are illustrated by figures, showing the physical signs and reproductions of the post-mortem appearances. A useful bibliography adds to the value of the work.

THE KNEE-JERK IN PSYCHIATRY.

At the last meeting of the Verein der deutschen Irrenärzte (*Neurologisches Centralblatt*, 1895, No. 19, p. 880) **CRAMER** reported some results of the study of 2384 cases, from which the following conclusions, among others, were drawn: Progressive paralysis is the only form of insanity with a definite relation of the knee-jerk in a certain proportion of cases. Absence of the knee-jerk in cases of insanity in which alcoholism, exhausting excitement, and severe lesions of the nervous system can be excluded should arouse suspicion of general paralysis, and is therefore a symptom pointing to bad prognosis. In the convalescence of mania, or in chronic mania, or in the acute forms of paranoia, and in alchoholic psychoses absence of the knee-jerk is only of bad prognosis when signs of extreme collapse are present. Increased knee-jerk is only of bad prognosis when combined with advanced idiocy, or symptoms of general paralysis. Increased knee-jerk is only rarely important in differential diagnosis. In the course of chronic paranoia increase of the knee-jerk with other symptoms points to an exacerbation. Neurasthenia seems always to be accompanied by increased knee-reflex. Cases of general paralysis with absent knee-jerk seem to have a longer course with more marked depression, and with rare periods of excitation. Absence of the knee-jerk after epileptic attacks allows the exclusion of simulation.

SMITH called attention to the great value of Sommer's instrument for registering the knee-jerk.

MENDEL said that he had failed to get the knee-jerk in only one case of functional psychosis. In this case, one of apparently recent mania, the patient recovered, but in two years proved to be paretic. Mendel prefers the terms "strong" and "weak" to "increased" or "decreased," as applied to the knee-jerk.

NON-PERFORATIVE PNEUMOTHORAX.

LEVY reports "the first accurately observed case of so-called spontaneous pneumothorax." A previous healthy man of forty-eight years was aspirated five times in the course of two months for pleurisy, with an extensive serous exudate. A week after the last puncture signs of pneumothorax developed. Aspiration and costal resection were followed by death in one month. Autopsy showed an old caseous apical focus; miliary tuberculosis; fibrinous pleurisy; no signs of perforation.

Bacteriological examination of the serous exudate showed in anaërobic cultures a short, thick, non-motile bacillus, which produced gas. Cultures of this killed guinea-pigs, with gaseous exudate at the point of inoculation. The same bacillus was found by the author in a case of parametric gas-abscess, and was cultivated from four cases of gas-abscess by E. Fränkel. (*Arch. für exper. Path. und Pharmakol.*, Bd. xxxv. H. 4 und 5.)

ANALGESIA OF THE ULNAR NERVE.

BIERNACKI found, some time ago, that the unpleasant sensation produced in healthy persons by pressure on the trunk of the ulnar nerve in the ulnar groove is often absent in tabes.

CRAMER examined the matter in cases of mental disease, and found that in the non-paralytic insane the reaction was more or less distinctly present in three-fourths of all cases, but that in thirty-nine out of fifty-one paralytics, or 76 per cent., there was ulnar analgesia on both sides.

SNELL has recently examined one hundred cases, including twenty-five paralytics, but without such striking results as those of Cramer. He found that as regards the reaction patients may be classified as follows: 1. Those with normal sensibility to pressure in the ulnar; 2, those with none; 3, an intermediate class in which the reaction is weak, or different in the two arms. In twenty-five paralytics the results were: normal in one, weak in ten, absent in fourteen. Among seventy-five non-paralytics the reaction was preserved in twenty-five, weak in thirty-nine, absent in eleven. Further examination showed that ulnar analgesia is not related to paralysis except inasmuch as severe lesions of sensibility may be present. In non-paralytics, as a rule, analgesia of the ulnar was combined with other severe disturbances of sensibility. That ulnar analgesia is more frequent in paralysis than in other mental diseases appears to be demonstrated by the observations so far published. (*Berliner klin. Wochenschrift*, 1895, No. 42.)

THE RELATION BETWEEN TABES, GENERAL PARESIS, AND SPINAL SYPHILIS.

NAGEOTTE has recently studied the pathology of several cases of general paresis, tabes, and spinal syphilis, with especial reference to the character of the lesions found.

He finds in all cases certain inflammatory changes of a chronic character, and is inclined to think that the three separate clinical pictures are only the result of the preponderance of the inflammatory process in certain locations, the nature of the process being the same in all three diseases.

He dismisses the subject with the following conclusions:

1. There exists in tabes, general paresis, and syphilitic myelitis a diffuse inflammatory process which involves the whole cord. This lesion merits the name of "vascular" or "connective" on account of the tissues it seems to attack in the first place. It consists essentially in a round-cell infiltration, which invades the pia mater, the arachnoid, and the capillaries of